



**Commonwealth of Massachusetts
Group Insurance Commission**

**State Employee Acknowledgment Form For
GIC Eligible Employees**

You are responsible for familiarizing yourself with your benefit options and making your elections within 10 days of the date of hire:

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (*if eligible*)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

I hereby acknowledge that I have reviewed the most recent GIC *Benefit Guide* and understand my benefit options before I made my benefit elections. I understand that if I enroll in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits. I understand if I enroll in a GIC health plan, I can't change my health plan until the next Annual Enrollment period.

Name: _____

(Please print)

Signature: _____

Date: _____

Employee: Return this signed form to your GIC Coordinator.

GIC Coordinator: Give employee a copy of this form and retain original signed form in employee's personnel file. Do not send to the GIC.